

OCONOMOWOC AREA SCHOOL DISTRICT

PARENT/LEGAL GUARDIAN CONSENT FORM "A"
FOR FIELD TRIPS, EXTRACURRICULAR TRIPS, COCURRICULAR TRIPS, CONTESTS,
AND EXTENDED TRIPS

We, as parents or guardians of _____
(Name of Child)

☐ Grant Our Permission

☐ Do Not Grant Our Permission

and consent for such child to participate in the field trip, extracurricular trip, contest, or excursion,

described as End of year trip to Roosevelt Park to be
(Description of Activity)

held on June 7, 2012. (See attached description)
(Date)

In granting such permission and consent, we specifically recognize that such consent and participation in specified trip is voluntary and that failure to grant consent will in no way result in any impact on the grade of such child for failure to participate in the trip.

In granting such permission and consent, we:

1. Acknowledge and assume full responsibility for any and all damage to person or property caused by our child or ward during such activity.
2. Expressly authorize emergency medical or dental treatment deemed necessary by the school district, its agents, and employees during such activity.
3. Expressly agree that in the event that any disciplinary action or the health of my child requires that my child be returned home during such activity that such return shall be accomplished at our expense.

Health concerns or limitations: _____

Medication(s) currently taking: _____

Finally, we expressly acknowledge that we have carefully read this statement and understand its impact and effect. We acknowledge and understand that if we have any questions in regard to this statement that we have exercised our right to have it reviewed and further explained to us prior to our signing.

Dated this _____ day of _____, 20____. _____
(Signature of Parent or Guardian)

(Phone)

(Address)

(City)

(State)

(Zip)

May 21, 2012

Dear Parents,

To celebrate all that we have accomplished this year we are planning an afternoon of fun activities (kickball, Bingo, capture the flag, etc.) at Roosevelt Park on Thursday, June 7. We will be walking to the park at 10:30 am and will return by 2:45 pm. We are asking each student to contribute \$1 to purchase water/refreshments and a treat to share at the park. We will be eating lunch at the park so all students need to bring a bag lunch that can be disposed of after eating.

We also ask that your child dress appropriately with sunscreen and bug spray applied at home and comfortable shoes for walking and playing games.

This trip will be limited to only those sixth graders who have, and continue to, demonstrate academic responsibility (completed and turned in all of their work) as well as those who have shown respectful and appropriate behavior, both in the classroom and on the playground. It is our hope that all children will be able to participate in this field trip.

If you are interested in joining us at the park or along the walk please indicate that on the attached chaperone sheet as well.

Thank you for your continued support,

Mindy Charles
Colleen Gitter

Tamie Hall
Ted Schmidt

Laura Janis
Nick Ryan

Kaylyn Schmidt
Matt Fredricks

Student Name _____

Parent Name _____

Classroom Teacher _____

Phone Number or Email to contact me:

- ☐ **I am interested in chaperoning for the trip to Roosevelt Park.**
- ☐ **I will walk with the kids**
 - ☐ **I will meet you at the park at 11:00**

Parent Chaperone